Clark County Regional Support Network Policy Statement

Policy No.:	**QM21**	**MIS Policy and Procedure: 2.22.01**
Policy Title:	**Provider Monitoring- Clinical and Administrative Review**	
Effective Date:	**September 1, 2001**	

Policy: Clark County Regional Support Network (CCRSN) staff shall conduct on- site reviews of network providers' clinical records, policies and procedures, and personnel records, including a physical site inspection for the purpose of monitoring compliance with the CCRSN contract, including state and federal requirements. Reviews shall be conducted bi-annually, at a minimum. Focused reviews for quality improvement activities may also occur, as necessary.

Reference: WAC 388-865-0284, 388-865-0310, Washington Mental Health Division RSN Interlocal Agreements (Pre-Paid Inpatient Health Plan; State Mental Health Contract), 42 CFR 438.230, CCRSN Management Information System IMIS) Policies and Procedures 2.22.01, CCRSN Policies and Procedure QM04 Fraud and Abuse, QM04-A Fraud and Abuse Compliance Plan, and QM22 Provider Complaint and Grievance

Procedure:

1. CCRSN Program and Management Information System staff shall coordinate with the Department of Community Services Contracts Manager through a cross-functional team process to plan and coordinate an integrated provider review.

2. Providers shall be notified in writing at least one (1) week prior to a site visit about the purpose of the review and to arrange a convenient date and time.

3. The written notification shall include the name and ID number of each medical record to be reviewed, and any other information needed for the review, such as policies and procedures, billing records, personnel records or other administrative records.

4. It is expected that the requested records will be available to the reviewers during the visit and a room set aside for the reviewers.

5. Medical records to be reviewed shall be identified through both a random and representative sample based on age, gender and special population and cases that are considered to be high profile or high utilizers of services.

6. The review shall consist of, but not be limited to, the following:

    a) Determine the accuracy and appropriateness of the level of care assessment based on medical necessity criteria;

b) Assure appropriate development and monitoring of Individualized Treatment Plans for clients, with emphasis on consumer involvement, the development of natural supports and discharge planning;

c) Review the overall Quality of Care provided as relates to comprehensiveness, cohesiveness, planned interventions and effectiveness of services;

d) Ensure that minimum requirements including WAC and PIHP requirements are met;

e) Review progress towards individual and system treatment outcomes;

f) Ensure that agencies have effective quality management practices in place to review and improve care;

g) Validate PIHP/IS data requirements;

h) Review billing information for appropriate documentation.

7. Types and amount of service will also be reviewed. Reviews will also ascertain whether the element of care remains appropriate or should be adjusted to meet the needs of the consumer.

8. The CCRSN review will focus on the appropriate documentation of type, length and date of visits billed to CCRSN. The CCRSN Management Information System review will include appraisal of the agency's billing system to evaluate appropriate procedures and safeguards to protect against fraud.

9. The CCRSN administrative review will focus on the appropriate documentation in relationship to the WAC and CCRSN Policies and Procedures as well as a physical site inspection to ensure state and federal requirements are met.

10. The CCRSN clinical review includes an appraisal of key elements of the medical record and will focus on the coherency and appropriateness of the treatment plan in relationship to the assessment, care provided, and progress towards outcomes as documented in the clinical record, including:

a) Measurable objectives for treatment goals;
b) Modalities to be used for each treatment goal;
c) Projected length of treatment for each goal;
d) Discharge planning;
e) Current individualized crisis plan;
f) Evidence of the consumer's voice in treatment planning;
g) Incorporate natural supports as much as possible;
h) Be based on the client's strengths.

11. CCRSN clinical reviewers that have concerns about the current treatment and/or appropriateness of the element of care of a consumer whose record is under review, shall flag the case for immediate feedback to the provider with a request for immediate review or corrective action. The reviewer may also request the consultation and/or on-site review by the CCRSN Clinical Manager or Medical Director.

12. CCRSN reviewers that have concerns about potential fraud and/or abuse identified through the clinical, administrative, or personnel review process shall report potential fraud or abuse to the CCRSN Compliance Officer for further investigation.

13. A brief exit summary of major findings and impressions will be presented at the close of the review. A written report of the site review findings and recommendations will be forwarded to the provider within thirty (30) calendar days.

14. Providers shall respond to the report of findings and recommendations within fourteen (14) calendar days with additional documentation or plans for corrective action.

15. Providers shall follow the CCRSN Policy and Procedure Provider Complaint and Grievance to appeal a decision or for resolution of disputes after the CCRSN final written report has been issued.

Approved By: Michael Piper CO Date: 11-21-05

Michael Piper, Director
Clark County
Department of Community Services